

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585236

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2			/				52						
3	2		/				53						
4	2		/				54						
5	/		/				55						
6			/				56						
7			/				57						
8	2		/				58						
9	(1)		/				59						
10	(1)		/				60						
11	(1)		/				61						
12	(1)		/				62						
13	(1)		/				63						
14	(1)		/				64						
15	(1)		/				65						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2										
TOTAL DEP.			13										
TOTAL CLAIMS			15										